

ANNUAL REPORT FORM
Exempt Recycling Centers
January 1 thru December 31_____ (Year)

PLEASE PRINT

Facility Name: _____

Reported By: _____

Contact Phone #: _____

Date: _____

County of Origin: _____ (use separate sheet for each County)

List Material in Tons or Cubic Yards (circle one)

Municipality	15	17	18	19	22	30	TOTAL

15- Tires

17- Trees, Tree Parts (includes stumps), and Brush

18- Grass

19- Leaves

22- Asphalt, Asphalt Roofing, Concrete, Brick, and Block

30- Wood Scraps (unpainted and non-chemically treated)

I certify that the information entered above is true and to the best of my knowledge.

Signature: _____

Title: _____ **Date:** _____

THIS FORM MUST BE RECEIVED BY FEBRUARY 1, 2007

New Jersey Department of Environmental Protection

Solid and Hazardous Waste Management Program

Bureau of Recycling and Planning

P.O. Box 414

Trenton, NJ 08625-0414

Attn: Carol Puca